

ENHANCED SERVICES Qualifications Checklist

Provider Agency: _____

Requirement	Name/ Control #	Name/ Control #	Name/ Control #	Name/ Control #	Name/ Control #	Name/ Control #	Name/ Control #
Prior to Service Date							
Meets Education and Experience requirements for position							
NCI							
PCP Training (6hrs)							
Also:							
Supervision Plan							
Supervision Plan Implemented							
Disclosure of Criminal Convictions							
HealthCare Registry (<i>non-licensed staff</i>)							